



My Health and Goals Get Moving! Get Healthy!

Name _____

	Activity	How Often?	How Hard?	How Long?
1.				
2.				
3.				
4.				
5.				

Total Activity Time = _____

Overall, the intensity levels of my activities are = _____

How much activity a person my age should do = _____

My Resting Heart Rate (RHR) = _____

My Target Heart Rate (THR)= _____

My Health Goals:

- Physical Activities (including biking, walking, skating)
- What should my heart rate be throughout the activities?
- Desired health benefits:

